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PTO FAX NO.: 1 (571) 273-8300

Attorney Docket No. S-12

Customer No: 021394

Application No.: 10/656,597

Deposit Account No.: 50-0359

CERTIFICATION OF FACSIMILE TRANSMISSION

In connection with U.S. Patent Application of **David C. Hovda et al.**, Application No. **10/656,597**, I hereby certify that the following **Response to Restriction Requirement** is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 2

Dated: Nov. 3, 2005


Michelle Nicely

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on

by

Michelle Nicely

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

David C. Hovda et al.

Application No.: 10/656,597

Filed: September 5, 2003

For: **METHODS AND APPARATUS FOR
TREATING INTERVERTEBRAL DISCS**Commissioner for Patents
Alexandria, VA 22313-1450

Examiner: Rosiland Stacie Rollins

Art Unit: 3739


Confirmation No.: 7953

**RESPONSE TO RESTRICTION
REQUIREMENT**

In response to the Restriction Requirement mailed October 4, 2005, Applicant elects the species corresponding to the embodiment depicted in Figure 5d. Applicant submits claims 1-46 are readable thereon. Additionally, in reference to the office action requesting a species corresponding to a return electrode shown in Figures 6a-d, Applicant respectfully traverses. Applicant desires to elect the return electrode species shown in figure 5d, elected above.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at (408) 736-0224.

Respectfully submitted,


Richard R. Batt
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